



OFFICE OF THE  
**COCHISE COUNTY ATTORNEY**  
**ADULT DIVERSION PROGRAM**  
P.O. Drawer CA  
Bisbee, Arizona 85603

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COCHISE COUNTY ADULT DIVERSION PROGRAM

REPORT FORM

MAIL/DELIVER AS DIRECTED

(Failure to report can result in revocation from the program)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip) (Phone)

1. I live: Alone/ With Parents/ Spouse/ Friend (Name) \_\_\_\_\_  
(Circle One) \_\_\_\_\_

2. Means of transportation: (Circle One) Car/ Bus/ Motor Cycle/ Bicycle/  
Other \_\_\_\_\_

3. I am reporting for the month of \_\_\_\_\_

4. I am/am not employed. Place: \_\_\_\_\_

5. Type of work I am doing: \_\_\_\_\_

6. Earnings: \$ \_\_\_\_\_ per: Hour/ Week/ Month (Circle One)

Have you been arrested during the past month? \_\_\_\_\_

Have you had any problems or difficulties during the past month? \_\_\_\_\_  
(Yes/No)

If the answer is "Yes" describe details on reversed side.

Are you enclosing a payment on restitution and/or supervision fee? \_\_\_\_\_  
(Payment must be made payable to "Adult Diversion Program" (Yes/No)  
by Money Order ONLY no checks or cash accepted.)

If not, why not? \_\_\_\_\_  
(If not, please include an explanation on the back of this form detailing how when you intend to become current.)

Signature \_\_\_\_\_

Date \_\_\_\_\_